SUPPORTING STUDENT BEHAVIOR: STANDARDS FOR THE EMERGENCY USE OF SECLUSION AND RESTRAINT (DRAFT)

January 10, 2005

Please note that there are five "decision points" within this document. Please indicate your option choices and the rationale for your choices on the response form.

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I.   Introduction

Michigan citizens are concerned about the use of seclusion and restraint in Michigan public schools. Acting on this concern, Michigan Superintendent of Public Instruction, Tom Watkins, convened a statewide referent group in May 2004. The diverse referent group includes parents, advocates, educators, policy makers, and service providers.

The charge to the referent group was to:

- develop standards for seclusion and restraint that replace an existing State Board of Education document;
- recommend substantive strategic directives; and
- recommend implementation to the State Board of Education.

The referent group was committed from the beginning to create standards that apply to all Michigan students. The referent group agreed that the State Board of Education standards would:

- promote the care, safety, welfare, and security of the school community and protect learning opportunities for all;
- require the use of proactive and effective strategies and best practices to reduce or eliminate seclusion and restraint;
- clearly define the terms "seclusion" and "restraint"; and
- clearly state the procedures for the use of seclusion and restraint.

The referent group offers this document, *Supporting Student Behavior: Standards for the Emergency Use of Seclusion & Restraint* (*Supporting Student Behavior*) to replace the *Standard for Policy and Procedure Development in the Use of Behavioral Interventions* (1993). Since 1993, educators and parents have evolved from a behavior management approach to a practice of understanding behavior using a team-based, data-driven positive behavior support approach. Today, parents and educators hold students accountable for their own behavior and accept responsibility to teach students the skills needed to support successful social interaction and educational performance.

The *Supporting Student Behavior* document:

- describes how the positive behavior support approach uses proactive, preventative strategies to reduce or eliminate the use of seclusion and restraint;

- defines the terms "seclusion" and "restraint";

- outlines procedures for emergency use of seclusion and restraint; and

- provides a framework for training and technical assistance.

The *Supporting Student Behavior* document is rooted in best practices and drafted in the belief that:

- the most effective strategies for supporting positive student behavior begin with meaningful instruction provided by highly trained professionals in a safe environment which promotes dignity for all students;

- using positive behavior support plans to address challenging behavior will increase instructional time for all; and

- seclusion or restraint should only be used in an emergency and requires diligent assessment, monitoring, documentation, and reporting by trained personnel.

II.   Positive Behavior Support

Positive Behavior Support (PBS) is not a new intervention package, nor a new theory of behavior. PBS applies a behaviorally-based approach that enhances the capability of educators and parents to design effective environments that support student learning and behavior.

PBS emphasizes behavior that encourages learning by:

- building relationships;
- creating routines;
- teaching skills/rules/expectations;
- identifying replacement behaviors for behaviors that interfere with learning;
- making problem behavior less effective, efficient, and relevant; and
- making the desired behavior more functional and adaptive.

PBS injects research-validated practices into education to create and sustain learning environments that improve the quality of life for all students in their educational programs: general; special or alternative education; and preschool through postsecondary.

PBS can be applied across three dimensions:

1. school-wide;
2. targeted groups of students at-risk; and
3. intensive effort for individual students.

The chart (www.pbis.org) illustrates PBS as applied to the three key areas in schools:
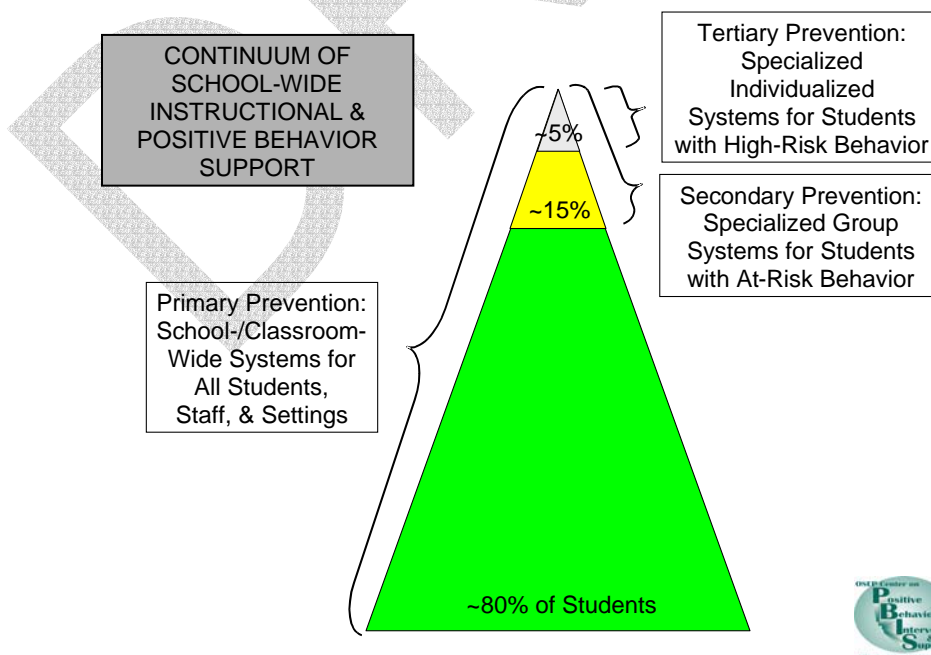
The chart illustrates:

- about 80% of all students have zero to one office referrals in a school that uses school-wide PBS practices (e.g., school-wide behavior expectations, acknowledgement and encouragement of successful behavior, and staff modeling expectations);
- about 15% of all students exhibit behaviors that benefit from targeted interventions (e.g., anger management group, social skills training or adult mentor); and
- about 5% of all students have challenges that require specialized and intensive interventions, including an individualized plan of support.

The above percentages reflect the effect of properly implemented school-wide PBS approaches. Schools that do NOT have a school-wide PBS approach in place typically:

1. have significantly larger percentages of students receiving individualized attention (usually disciplinary in nature) at the tertiary prevention level;
2. do not use the secondary prevention approach that targets at-risk groups of students efficiently and/or effectively; and
3. have significantly smaller percentages of students within the universal level.

The *Supporting Student Behavior* document addresses the emergency use of seclusion and restraint for all students. Emergency seclusion or restraint may be necessary for any student engaged in dangerous behavior. Emergency seclusion or restraint may be a one-time only occurrence for a student. When a pattern of dangerous behavior requiring emergency seclusion or restraint emerges, individualized intensive programming (tertiary prevention – the top of the triangle) through a positive behavior support plan (PBSP) becomes essential. A PBSP is designed to reduce or eliminate the use of seclusion and restraint while increasing the student's social competence and academic performance.

A PBSP may include emergency response plans to guide adults interacting with the student, especially when the student engages in repeated behavior that might require emergency seclusion or restraint. An emergency response plan describes how to:

- assess and stabilize the situation;
- prevent escalation; and
- interact specifically with the student if emergency seclusion or restraint is required.

A well-written PBSP and emergency response plan increases general accountability and consistency while protecting the individual student from misuse of seclusion and restraint.

A PBSP, as well as an emergency response plan, must be designed by a team, including parents, who know the student well and have committed the time, resources, and effort to complete a functional assessment and implement the plan with integrity. The following PBSP elements are adapted from work by Horner, Sugai, Todd, and Lewis-Palmer (1999-2000).

Critical Elements of a Positive Behavior Support Plan

1. **Team demonstrates an understanding of the student's behavior concern through functional assessment**
    a. Identifies the student's strengths and positive contributions
    b. Describes the behavior(s) of concern with precision
    c. Describes the context of the behavior within the routines of the student's daily schedule
    d. Learns how the student perceives and experiences events
    e. Completes a functional assessment with observation data that:
        i. predicts reliably where and when problem behaviors are most likely and least likely to occur;
        ii. identifies triggers and consequences that are believed to maintain the behavior;
        iii. considers individual student mental health needs, physical health, social history, instructional factors, and other personal factors and features that may contribute to the student's problem behavior; and
        iv. culminates in data analysis producing a statement of the behavior's function that suggests under what circumstances and with what motivation the student engages in the behavior.

2. **Team redesigns the environment**
    a. Invests in preventing occurrences of problem behavior. Make problem behavior irrelevant and inefficient by selecting strategies and interventions that are related to the data-based hypothesis for the individual student:
        i. teaching of new skills or replacement behaviors;
        ii. teaching new routines or adjust schedule;
        iii. creating supportive environment;
        iv. building new relationships; and
        v. developing antecedents to prompt or support behavior.

b. Develops strategies that acknowledge/encourage positive behaviors

c. Modifies or eliminates practices or conditions that reinforce problem behavior(s)

d. Describes specific objectives for successful completion

3. **Team knows what to do in emergency situations to prevent injury by developing emergency response plans that:**

a. identify preventative strategies;

b. evaluate the environmental situation;

c. assess student's crisis level;

d. prevent escalation;

e. interact specifically and safely with the student if seclusion or restraint is required; and

f. return the student to the learning environment as soon as possible.

4. **Team monitors, evaluates, and revises the PBSP and emergency response plan to be sure that:**

a. data is collected, shared, and understood;

b. the student, when possible, participates and understands the plans;

c. school staff and parents understand and know how to implement plans with clear description of roles and responsibilities in the plans;

d. proposed interventions are presented to all parties in language understandable to each, to the extent possible, with copies provided to each staff member involved as well as to the student and/or parent;

e. supplemental resources required to make the plans work are in place;

f. team can re-group to review and revise plans as often as needed; and

g. the plans preserve individual dignity, community values, and cultural preferences and traditions.

Each district should specify behavioral interventions that may be used. For each intervention, the district should specify requirements for use and approval which may include informed consent, consideration for peer review, and consideration for human rights committee review.

III. Seclusion

A. Definition

Seclusion is the confinement of a student alone in a room or an area from which exit is prevented. Seclusion is not the separation of a student from others (e.g., exclusionary timeout, in-school suspension, out-of-school suspension, sent to the office, sent home, moment in the hall, escorting a disruptive student out of the classroom, or class evacuation from a student disruptive to the learning environment).

B. Use of Seclusion

A behavior that requires immediate intervention constitutes an **emergency.** Seclusion must only be used under emergency situations and if essential. An emergency that may require the use of seclusion includes behavior that:

1. poses an imminent risk to the safety of an individual student;

2. poses an imminent risk to the safety of others;

3. poses an imminent risk of substantial property destruction; or

4. *The choice is whether to leave the three conditions or add an additional condition focused on 'disruption of the learning environment'.*

   Option 1: *Add no additional condition.*

   Option 2: Add one more condition that reads:

   > *4. poses an imminent risk of disruption of learning opportunities for other students when threatened by extreme or persistently severe, disruptive behavior.*

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The issue in this section is whether behavior that is 'disrupting the learning environment' should constitute an emergency and be deemed a legitimate reason for the use of seclusion.

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C. General Procedures for Seclusion

1. An emergency seclusion procedure may not be used in place of appropriate less restrictive interventions.

2. Seclusion should not be used any longer than necessary to allow a student to regain control of her or his behavior, but generally no longer than 5 minutes for preschool children, no longer than 15 minutes for elementary school students, and no longer than 20 minutes for middle through high school students. If an emergency seclusion lasts longer than the suggested maximum time, additional review, support (e.g., change of staff, introducing a nurse or specialist, obtaining additional expertise), and documentation (to explain the extension beyond the time limit) is required.

3. While using seclusion, staff must:

a. involve at least two appropriately-trained staff to protect the care, welfare, dignity, and safety of the student;

b. continually observe the student in seclusion for indications of physical distress and seek medical assistance if there is a concern; and

c. document observations.

4. Each use of an emergency procedure and the reason for each use should be documented and reported to the building administration immediately, with attempts to reach the parent or guardian immediately or as soon as possible. A written report of each use of seclusion (including multiple uses within a given day) should be given to parents or guardians within 24 hours.

5. After any use of an emergency seclusion, staff should debrief and consult with parents and students (as appropriate) regarding the determination of future actions:

a. Is there any anticipation that the behavior will occur again?

b. if yes, is there a need for follow-up action?

6. Should a pattern of behavior emerge, or be anticipated, which may require the use of emergency seclusion, the school personnel should conduct a functional behavioral assessment and, if appropriate, develop or revise a positive behavior support plan (PBSP). One of the purposes of a PBSP is to facilitate the reduction or elimination of the use of seclusion. The assessment and planning process should be conducted by a team knowledgeable about the student, including the parent and the student (if appropriate). The team should include people who are responsible for implementation of the PBSP and who are knowledgeable in positive behavior support.

7. Should a pattern of behavior which requires the use of emergency seclusion emerge, or be anticipated, an emergency intervention plan should be developed in addition to the PBSP to protect the health, safety, and dignity of the student. The emergency intervention plan should be developed by a team that includes a person knowledgeable about seclusion. The emergency intervention plan should be developed and implemented by taking the following documented steps:

a. describe in detail the emergency intervention procedures;

b. inquire of the student's medical personnel (with parent consent) regarding any known medical or health contraindications for the use of seclusion;

c. conduct a peer review by knowledgeable staff;

d. gain informed consent from the parent after providing the following:

   i. an explanation of emergency procedures to be followed and the purpose for the emergency seclusion;

   ii. a description of possible discomforts or risks;

   iii. a discussion of possible alternative strategies with advantages and disadvantages;

   iv. answers to any questions; and

   v. information on freedom to withdraw consent at any time;

e. when seclusion is included in an emergency intervention plan, the student should be told or shown the circumstances under which the emergency seclusion will be used;

f. if concerns arise regarding humaneness or social acceptability, a human rights committee should be convened to review the emergency intervention plan;

g. as defined in the emergency intervention plan, provide periodic review of the plan and related data;

h. ensure that responsible staff are trained in the specific techniques described in the emergency intervention plan; and

i. maintain necessary staffing at all times.

D. Limitations in Use

1. Seclusion cannot be used for:

   a. the convenience of staff;

   b. as a substitute for an educational program;

   c. as a form of discipline/punishment;

   d. as a substitute for less restrictive alternatives;

   e. as a substitute for adequate staffing; or

   f. as a substitute for staff training in positive behavior supports and crisis prevention and intervention.

2. An area used for seclusion should:

   a. not prevent the student from exiting the area should staff become incapacitated or leave that area; and

   b. include dimensions of at least 6 x 6 square feet of floor space and 8 feet in height. It should provide for adequate lighting, ventilation, and the safety of the student.

3. Seclusion is generally inappropriate for students who are severely self-injurious or suicidal.

IV. Restraint

A. Definitions

There are two types of restraint – physical and mechanical.

1. **Physical restraint** involves direct physical contact that prevents or significantly restricts a student's movement. Physical restraint does not include brief holding by an adult in order to calm or comfort, the minimum contact necessary to safely escort a student from one area to another, the breaking up of a fight, or assisting a student in completing a task/response if the student does not resist or resistance is minimal in intensity or duration.

2. **Mechanical restraint** means the use of any device or material attached to or adjacent to a student's body that restricts normal freedom of movement and which cannot be easily removed by a student. Mechanical restraint does not include an adaptive or protective device recommended by a physician or therapist (when it is used as recommended), or safety equipment used by the general student population as intended.

B. Use of Restraint

A behavior that requires immediate intervention constitutes an **emergency.** Restraint must only be used under emergency situations and if essential. An emergency that may require the use of restraint includes behavior that:

1. poses an imminent risk to the safety of an individual student;

2. poses an imminent risk to the safety of others;

3. poses an imminent risk of substantial property destruction; or

4. *The choice is whether to leave the three conditions or add one or two additional conditions focused on 'disruption of the learning environment' and/or the Corporal Punishment Act.*

Option 1: Add no additional conditions.

Option 2: Add a fourth condition that states:

> *4. poses an imminent risk of disruption of learning opportunities for other students when threatened by extreme or persistently severe, disruptive behavior.*

Option 3: Add fourth and fifth conditions that state:

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There are two issues here: 1) whether behavior that is 'disrupting the learning environment' should constitute an emergency and be deemed a legitimate reason for the use of restraint; 2) whether any reference to the Corporal Punishment Act is necessary.

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4. poses an imminent risk of disruption of learning opportunities for other students when threatened by extreme or persistently severe, disruptive behavior.

5. or as otherwise permitted under the Corporal Punishment Act.

Option 4: *Add a fourth condition that states:*

4. or as otherwise permitted under the Corporal Punishment Act.

C. General Procedures for Restraint

1. An emergency restraint procedure may not be used in place of appropriate less restrictive interventions.

2. Restraint should not be used any longer than necessary to allow a student to regain control of her or his behavior, but generally no longer than 10 minutes. If an emergency restraint lasts longer than 10 minutes, additional review, support (e.g., change of staff, introducing a nurse or specialist, obtaining additional expertise), and documentation (to explain the extension beyond the time limit) is required.

3. While using restraint, staff must:
   a. involve at least two appropriately-trained staff to protect the care, welfare, dignity, and safety of the student;
   b. continually observe the student in restraint for indications of physical distress and seek medical assistance if there is a concern; and
   c. document observations.

4. Each use of an emergency procedure and the reason for each use should be documented and reported to the building administration immediately, with attempts to reach the parent or guardian immediately or as soon as possible. A written report of each use of restraint (including multiple uses within a given day) should be given to parents or guardians within 24 hours.

5. After any use of an emergency restraint, staff should debrief and consult with parents and students (as appropriate) regarding the determination of future actions:
   a. Is there any anticipation that the behavior will occur again?
   b. if yes, is there a need for follow-up action?

6. Should a pattern of behavior emerge, or be anticipated, which may require the use of emergency restraint, the school personnel should conduct a functional behavioral assessment and, if appropriate, develop or revise a positive behavior support plan (PBSP). A purpose of the PBSP is to facilitate the reduction or elimination of the

use of restraint. The assessment and planning process should be conducted by a team knowledgeable about the student, including the parent and the student (if appropriate). The team should include people who are responsible for implementation of the PBSP and who are knowledgeable in positive behavior support.

7. Should a pattern of behavior which requires the use of emergency restraint emerge, or be anticipated, an emergency intervention plan should be developed in addition to the PBSP to protect the health, safety, and dignity of the student. The emergency intervention plan should be developed by a team that includes a person knowledgeable about restraint. The emergency intervention plan should be developed and implemented by taking the following documented steps:

   a. describe in detail the emergency intervention procedures;

   b. inquire of the student's medical personnel (with parent consent) regarding any known medical or health contraindications for the use of restraint;

   c. conduct a peer review by knowledgeable staff;

   d. gain informed consent from the parent after providing the following:

      i. an explanation of emergency procedures to be followed and the purpose for the emergency restraint;

      ii. a description of possible discomforts or risks;

      iii. a discussion of possible alternative strategies with advantages and disadvantages;

      iv. answers to any questions; and

      v. information on freedom to withdraw consent at any time;

   e. when restraint is included in an emergency intervention plan, the student should be told or shown the circumstances under which the emergency restraint will be used;

   f. if concerns arise regarding humaneness or social acceptability, a human rights' committee should be convened to review the emergency intervention plan;

   g. as defined in the emergency intervention plan, provide periodic review of the plan and related data;

   h. ensure that responsible staff are trained in the specific techniques described in the emergency intervention plan; and

   i. maintain necessary staffing at all times.

D. Limitations in Use

1. Restraint cannot be used for:

    a. the convenience of staff;

    b. as a substitute for an educational program;

    c. as a form of discipline/punishment;

    d. as a substitute for less restrictive alternatives;

    e. as a substitute for adequate staffing; or

    f. as a substitute for staff training in positive behavior support and crisis prevention and intervention.

2. Prohibited forms of restraint are:

    a. Anything that negatively impacts breathing.

    b. *The choice is whether the list of 'prohibited forms of restraint' should be more expansive and include, at least, the prohibition of the face-down/four-point restraint.*

    Option 1: *Add no additional forms of restraint.*

    Option 2: *Add "Prohibit face-down/four-point restraint."*

    Option 3: *Add "Prohibit face-down/four-point restraint and other types of restraint (please give examples).*

> **3**
>
> The issue in this section is whether the list of 'prohibited forms of restraint' should be more expansive and include, at least, the prohibition of the face-down/ four-point restraint.

V. *Choices for this section's title:*

Option 1: Disfavored Practices and Prohibited Practices

Option 2: Prohibited Practices

Option 3: Prohibited Practices Unless Otherwise Ordered/Determined

Option 4: Aversives and Prohibited Practices

Option 5: Disfavored Practices

A. *Disfavored Practices*

1. *The intentional application of any noxious substance(s) or stimuli which results in physical pain or extreme discomfort. A noxious substance or stimuli can either be generally acknowledged or specific to the student.*

2. *Disfavored procedures are considered inappropriate in an educational setting unless:*

   a. *a student exhibits life-threatening or potentially debilitating behaviors, and:*

      i. *the team, including the parent, has determined the procedure to be an essential component of the student's program; and*

      ii. *is supported by a positive behavior support plan that includes functional behavior assessment, peer review, human rights' committee review, informed consent, and an emergency intervention plan; or*

   b. *ordered by a hearing officer or court.*

B. **Prohibited Practices**

1. The following procedures are prohibited under all circumstances, including emergency situations:

   a. corporal punishment as defined in §380.1312 of The Revised School Code, 1976 PA 451; and

   b. the deprivation of basic needs or anything constituting child abuse; and

   c. prohibited forms of restraint (see page 14).

VI. **Training and Implementation Support**

   A. **Purposes**

   The intent of this section is to provide a framework for a comprehensive training model that provides awareness training for the educational community and comprehensive training to key identified personnel.

   B. **Awareness Training for the Educational Community**

   The Department of Education shall develop a general overview training model to be available to districts to train the educational community regarding the concepts in the policy.

   C. **Comprehensive Training for Key Personnel**

   The Department of Education shall develop a comprehensive training model to be available to districts to train key identified personnel on:

     1. Awareness;

     2. Proactive Practices and Strategies:

       a. Utilization of effective and proactive strategies and practices to reduce or eliminate seclusion and restraint. Training may include:

         i. conflict resolution;

         ii. mediation;

         iii. social skills training;

         iv. de-escalation techniques;

         v. positive behavior support strategies; and

         vi. learning styles, and academic accommodations and modifications;

     3. Implementation Support:

       a. Ongoing support for development of and capacity for sustained quality implementation of proactive practices and strategies to reduce or eliminate use of seclusion and restraint. Support may include:

         i. coaching;

         ii. mentoring;

         iii. modeling; and

         iv. providing resources;

4. Seclusion and Restraint:

    a. A description and identification of dangerous behaviors, as well as methods for evaluating the risk of harm, to determine whether the use of restraint and/or seclusion is warranted;

    b. Procedures for emergency use of seclusion and restraint;

    c. Types of seclusion, restraint, and related safety considerations, including information regarding the increased risk of injury to students and staff when seclusion and/or restraint is used;

    d. Risk of using restraint and seclusion in consideration of known medical or psychological limitations;

    e. The simulated experience of using and receiving restraint and seclusion;

    f. Instruction regarding the effect(s) on the student restrained and/or secluded, including instruction on monitoring physical signs of distress and obtaining medical assistance; and

    g. Understanding of prohibited practices; and

5. Data Collection, Reporting, and Analysis:

    a. Instruction regarding documentation and reporting requirements and investigation of injuries and complaints;

    b. Data collection and analysis for continuous improvement; and

    c. Identification of program staff who have received in-depth training in the use of restraint and seclusion.

Related Michigan Department of Education Initiatives

Supporting Student Behavior standards are but one aspect of Michigan's approach to supporting student behavior.

- **Positive Behavior Support (PBS)**. The Office of Special Education and Early Intervention Services launched this initiative in 1998 when five Michigan educators attended a national workshop on positive behavior support. That core group, with additional representation, produced a document, ***Positive Behavior Support for ALL Students: Creating Environments That Assure Learning***, in February 2000, and a companion document, ***Positive Behavior Support for Young Children*** (2001), which created a basis for *Supporting Student Behavior*. Go to www.cenmi.org for free downloads of those documents and other information related to PBS.

- **Michigan's Behavior & Learning Support Initiative (MiBLSi)**. Formed in 2003, MiBLSi extends the initial PBS grant to integrate PBS with reading in elementary schools. More information on this school-wide PBS project is at http://www.cenmi.org.

- **Statewide Autism Resources & Training (START)**. Grand Valley State University was designated the lead university in 2003 for the development of a state team that would build and coordinate regional multidisciplinary teams in support of school personnel and parents of individuals with autism spectrum disorder. PBS is one part of the approach. Review START at www.gvsu.edu/autismcenter.

- **Strategic Alternatives in Prevention Education (SAPE)**. Created in 1971, SAPE is a network of professionals working together with youth, educators, parents, and community members to prevent high-risk behaviors among youth. Michigan SAPE Association develops research-based programs related to substance abuse prevention, violence and bullying prevention, neuroscience-based learning, organizational change, student assistance/crisis response programs, and suspension and expulsion. For more information contact Bob Higgins, Project Director, Michigan Department of Education, Coordinated School Health and Safety Initiatives, John A. Hannah Building, P.O. Box 30008, Lansing, Michigan 48909, or call Mr. Higgins at (517) 373-1024 or email him at higginsr@michigan.gov. SAPE's *Connections Resource Guide: Enhanced Community Service and Strategies for Keeping Kids in Schools* is available for free download at http://www.michigan.gov/documents/Connections_Resource_Guide_Updated_9_04_103188-7.pdf

- **Project Perform** provides family-friendly information on disabilities, positive behavior support, and other topics in a variety of formats for free or on loan. Access to this extensive library is available through www.wash.k12.mi.us/perform or by calling 1-800-552-4821.

- **Parent Education** on Positive Behavior Support through CAUSE –Citizens Allied to Uphold Special Education. This nonprofit organization promoting parents training parents can be called at (800) 221-9105, or contacted through their website at www.causeonline.org

- **Universal Education**. Every individual's success is important to our society. Each person deserves and needs a concerned, accepting educational community that values diversity and provides a comprehensive system of individual supports from birth to adulthood. Universal Education removes barriers, provides flexible and responsive supports, and facilitates life-long learning for all.

Related Sources of Information

Websites:

- **www.pbis.org** National Technical Assistance Center on Positive Behavioral Interventions and Supports.

- **http://www.casel.org** Collaboration for Academic, Social & Emotional Learning

- **http://uoregon.edu/~ivdb** Institute on Violence and Destructive Behavior

Videos

- 23-Minute Overview of Schoolwide PBS (Horner, 2002)

- Geoff Colvin's video on secondary students to prevent crisis

- Indiana Schoolwide Positive Behavior Support

Materials

- Administrator's guide (Randy Sprick)

References

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7. Michigan Department of Education (2001) Positive Behavior Support for Young Children.

8. Magee, S. and Ellis, J. (2001). The detrimental effects of physical restraint as a consequence for inappropriate classroom behavior. *Journal of Applied Behavior Analysis*, <u>34</u> (4), 501-504.

9. Taylor, J. and Miller, M. (1997). When timeout works some of the time: The importance of treatment integrity and functional assessment. *School Psychology Review* <u>12</u>(1), 4-22.